CLAIMS ONLY

Application Number	Filing Date
10/500084	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10	1						60					
11		1					61					
12		1					62					
13	1						63					
14		1					64					
15		1					65					
16		1					66					
17		1					67					
18		1					68					
19		1					69					
20		1					70					
21		1					71					
22		1					72					
23		1					73					
24		1					74					
25		1					75					
26	3	1					76					
27		1					77					
28		1					78					
29		1					79					
30	1						80					
31		1					81					
32		1					82					
33		1					83					
34		1					84					
35		1					85					
36		1					86					
37		1					87					
38		1					88					
39		1					89					
40		1					90					
41		1					91					
42		1					92					
43		1					93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	4						Total Indep					
Total Depend	30						Total Depend					
Total Claims	34						Total Claims					